

Benefits at-a-Glance

Flagler & Volusia Counties

Plan Costs

FHCP Medicare Choice (HMO-POS) H1035-044



How much is the monthly premium?

\$0 You must continue to pay your Medicare Part B premium.

How much is the deductible?

\$900 per year for Out-of-Network services
\$395 per year for Part D prescription drugs. Applies only to Part D drugs in Tiers 3, 4 and 5.

Is there any limit on how much I will pay for my covered services?

In-Network
\$7,550 for services you receive from in-network providers.
Out-of-Network
\$9,000 for services you receive from out-of-network (OON) providers.

Medical & Hospital Benefits



Doctor's Office Visits

In-Network
\$20 copay Primary Care Physician
\$50 copay Specialist
Out-of-Network
\$40 copay Primary Care Physician
\$80 copay Specialist

Preventive Care

In-Network
\$0 copay
Out-of-Network
50% coinsurance after OON Deductible

Inpatient Hospital Care

In-Network
 Days 1-4: **\$500 copay** per day
 After the 4th day the plan pays 100% of covered expenses.
Out-of-Network
50% coinsurance after OON Deductible

Outpatient Hospital


In-Network
\$400 copay
Out-of-Network
50% coinsurance after OON Deductible

Medical & Hospital Benefits (continued)

Outpatient Surgery	<i>In-Network</i> \$300 copay in an Ambulatory Surgical Center \$400 copay in an Outpatient Hospital Facility <i>Out-of-Network</i> 50% coinsurance after OON Deductible
Urgently Needed Services	<i>In- and Out-of-Network</i> \$20 copay at a FHCP Extended Hours Care Center \$50 copay at an Urgent Care Center
Emergency Room	<i>In- and Out-of-Network</i> \$90 copay
Ambulance	<i>In- and Out-of-Network</i> \$300 copay

Part D Prescription Drug Benefits

What you pay at a Preferred Pharmacy for a 31-day supply



Tier 1 (Preferred Generic)	\$4 copay
Tier 2 (Generic)	\$10 copay
Tier 3 (Preferred Brand)	Deductible then \$45 copay
Tier 4 (Non-Preferred Brand)	Deductible then \$98 copay
Tier 5 (Specialty Tier)	Deductible then 25% coinsurance

What you pay at a FHCP Mail Order Pharmacy for a 93-day supply

Tier 1 (Preferred Generic)	\$9 copay
Tier 2 (Generic)	\$27 copay
Tier 3 (Preferred Brand)	Deductible then \$132 copay
Tier 4 (Non-Preferred Brand)	Deductible then \$291 copay
Tier 5 (Specialty Tier)	Not Applicable

Additional Benefits



Acupuncture
(Medicare-covered)

In-Network
\$20 copay

**Hearing Services and
Hearing Aids**

In-Network

\$0 copay for one routine hearing exam per year.

\$0 copay for evaluation and fitting of hearing aids within the first 30-day trial period.

\$25 copay for evaluation and fitting of hearing aids after the 30-day trial period has ended.

Up to two hearing aids per year (one per ear) for:

- \$610 per Standard Digital Hearing Aid
- \$1,630-\$3,355 per Advanced Digital Hearing Aid

Telemedicine

In-Network

Medical Telemedicine via FHCP Medicare's contracted vendor

\$10 copay PCP

\$30 copay Psychologist

Medical Telemedicine via ZOOM with an FHCP Staff Physician

\$0 copay PCP

\$0 copay Specialist

FHCP Medicare Rewards

In-Network

Rewards for completing certain preventive health screenings.

Preferred Fitness Program

In-Network

Free unlimited visits to participating fitness centers and gyms in FHCP Medicare's Service Area.

FHCP Medicare is an HMO plan with a Medicare contract. Enrollment in FHCP Medicare depends on contract renewal. HMO coverage is offered by Florida Blue Medicare, Inc., dba FHCP Medicare, an Independent Licensee of the Blue Cross and Blue Shield Association. FHCP Medicare's pharmacy network includes limited lower-cost, preferred pharmacies in Brevard, Flagler, Seminole, St. Johns and Volusia counties, Florida. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-833-866-6559 (TTY users, call 1-800-955-8770) or consult the online pharmacy directory at www.fhcpmedicare.com. We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or gender. ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-866-6559 (TTY: 1-877-955-8773). ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-833-866-6559 (TTY: 1-800-955-8770).